

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

2921

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

492

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louisd. FULL NAME OF HOSPITAL OR INSTITUTION 2410 S. 11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louisd. STREET ADDRESS (If rural, give location) 2410 S. 11th St.

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

(Type or Print)

EmmaMayLaBee1161949

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 1, 1886

9. AGE (In years last birthday)

62

10. IF UNDER 1 YEAR

Months

11. IF UNDER 1 YEAR

Days

12. IF UNDER 1 YEAR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Elija Stark

13b. MOTHER'S MAIDEN NAME

Louise Politte

14. NAME OF HUSBAND OR WIFE

Frank LaBee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Otto Stevens

ADDRESS

1601 S. 11th st.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

2 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE

(Specify)

No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

None

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1949, to Jan 16, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

Emmeline T. KoonMD4755 Maryland St. Louis 6 Mo. 1/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

1-19-1949

24c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cemetery

24d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

DATE REC'D BY LOCAL REG.

JAN 18 1949

REGISTRAR'S SIGNATURE

J. B. Sasser

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Weick Bro. Und. Co. 2201 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James R. Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.